

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00003418 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2015 </div>	

Full Name of Payee FACEBOOK			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2015</div> </div>		
Mailing Address 2130 PRIEST BRIDGE DRIVE NO 11			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>		
City CROFTON	State MD	Zip Code 21114	Transaction ID : 2015M04SE0001 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2015</div> </div>		
Purpose of Expenditure MEDIA BUY		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Name of Federal Candidate HILLARY CLINTON <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">116500.00</div>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee MICROSOFT ONLINE INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2015</div> </div>		
Mailing Address PO BOX 847543			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>		
City DALLAS	State TX	Zip Code 75284	Transaction ID : 2015M04SE0002 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M M / D D D / Y Y Y Y Y Y 04 / 12 / 2015</div> </div>		
Purpose of Expenditure MEDIA BUY		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Name of Federal Candidate HILLARY CLINTON <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">116500.00</div>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">62000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00003418	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 16 / 2015	

Full Name of Payee GOOGLE INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Mailing Address PO BOX 39000		Amount 10000.00	
City SAN FRANCISCO	State CA	Zip Code 94139	Transaction ID : 2015M04SE0003
Purpose of Expenditure MEDIA BUY	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		116500.00	

Full Name of Payee PANDORA		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Mailing Address 2101 WEBSTER STREET 16TH FLOOR		Amount 20000.00	
City OAKLAND	State CA	Zip Code 94612	Transaction ID : 2015M04SE0004
Purpose of Expenditure MEDIA BUY	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		116500.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 04 / 16 / 2015</div> </div>	

Full Name of Payee INDEPENDENT JOURNAL REVIEW		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 12 / 2015 </div>	
Mailing Address 3524 SILVERSIDE ROAD SUITE 35B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15000.00 </div>	
City WILMINGTON	State DE		
Purpose of Expenditure MEDIA BUY	Category/ Type	Transaction ID : 2015M04SE0005 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 12 / 2015 </div>	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 116500.00 </div>			

Full Name of Payee TWITTER INC.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 12 / 2015 </div>	
Mailing Address PO BOX 12027		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000.00 </div>	
City NEWARK	State NJ		
Purpose of Expenditure MEDIA BUY	Category/ Type	Transaction ID : 2015M04SE0006 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 12 / 2015 </div>	
Name of Federal Candidate HILLARY CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 116500.00 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16000.00 </div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 16 / 2015	

Full Name of Payee BRIGHTROLL INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Mailing Address PO BOX 8420		Amount 8500.00	
City PASADENA	State CA	Zip Code 91109	Transaction ID : 2015M04SE0008
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		116500.00	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	116500.00

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